

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553386

FILING DATE

20 SEP 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		2		/		
4		0		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12	/		/			
13	/		/			
14		2		/		
15		0		/		
16		0		/		
17		0		/		
18		0		/		
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50						
TOTAL IND.	5		3			
TOTAL DEP.	17		17			
TOTAL CLAIMS	22		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						